

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT



Department of Executive Services
Finance & Business Operations Division

Fax completed and signed form to King County Procurement & Payables, (206) 296-7676. You may also mail the completed form to 401 5th Ave, 3rd Floor, M/S CNK-ES-0340, Seattle, WA 98104.

The undersigned Supplier (hereinafter referred to as Supplier) hereby authorizes King County (hereinafter referred to as the County) to make payment for goods and services covered by an agreement between Supplier and the County by utilizing, at the County's option, Electronic Funds Transfer (EFT).

Supplier agrees to provide the County with written notification of any change in Supplier's depository institution, payment instructions, or remittance data instructions at least twenty (20) business days (1 calendar month) in advance of such change. Such notification shall be delivered to King County Procurement & Payables Section, 401 Fifth Ave, Third Floor M/S CNK-ES-0340, Seattle, WA 98104-1818. Fax number (206) 296-7676. Please allow at least twenty (20) business days (1 calendar month) for new or updated ACH information to be validated and accepted.

In the event of duplicate payment, overpayment, fraudulent payment or any payment made in error, Supplier agrees to return any such payment to the County upon discovery of such error by Supplier or after the County provides sufficient information to support its claim.

Select One:	New EFT Authorization	Revision to Current Authorization										
SUPPLIER'S REMIT TO INFORMATION												
Entity Name _____												
Chain Organization or DBA _____		Federal Tax ID # _____										
Address 1 _____		Phone # _____										
Address 2 _____		Fax # _____										
City _____	State _____	Zip Code _____										
Email Remittance Advice To _____												
DEPOSITORY INSTITUTION INFORMATION												
Name on Bank Account (if different than above) _____		Depository Institution _____										
		Bank Transit Routing # <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Account Type:	Checking Savings	Bank Account # _____										
SUPPLIER AUTHORIZATION ACKNOWLEDGEMENT												
Name and Title _____												
Authorized Signature _____		Date _____										

King County FBOD P&P Use Only	Agency Contact		
	PCSS Service Request	Supplier Number	
	Site name		